

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title ::

PROGNOSTIC AND DIAGNOSTIC MARKERS  
FOR CELL PROLIFERATIVE DISORDERS OF  
THE BREAST TISSUES

Attorney Docket Number::

47675-183

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

Yes

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

No

Contract or Grant No::

Secrecy Order in Parent Appl.?:

No

## First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	AT
Status::	Full Capacity
Given Name::	Martin
Middle Name::	
Family Name::	Widschwendter
Name Suffix::	
City of Residence::	London
State or Province of Residence::	
Country of Residence::	UK
Street of mailing address::	Department of Gynaecological Oncology Institute for Women's Health University College London ECA Hospital 2 <sup>nd</sup> Floor Huntley Street
City of mailing address::	London
State or Province of mailing address::	
Country of mailing address::	UK
Postal or Zip Code of mailing address::	WC1E 6DH

## Second Applicant Information

Applicant Authority Type::	
Primary Citizenship Country::	
Status::	
Given Name::	
Middle Name::	

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Third Applicant Information**

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

#### **Fourth Applicant Information**

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

#### **Correspondence Information**

Correspondence Customer Number:: **22504**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 206-628-7621

Fax Number: 206-628-7699

E-Mail address::

barrydavison@dwt.com

### Representative Information

Representative Customer Number::		22504
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### Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	PCT/EP2004/011577	10/14/04

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
DE	103 48 407.8	10/17/03	Yes

### Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	